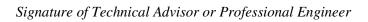
NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY AGRICULTURE SECTION * 1200 N STREET, SUITE 400 * LINCOLN, NE 68509-8922 * TEL: (402)471-4239 * FAX: (402) 471-2909 * WEB SITE: <u>www.ndeg.state.ne.us</u>

Reserved for NDEQ Use only IIS # _____

FORM B

Application for Cons		Application for Individu	
APPLICATION FOR MAJO	OR MODIFICATION	REQUEST FOR COVERAGE U	NDER GENERAL PERMIT
	(PLEASE PRINT OR TYPE A	ALL INFORMATION)	
APPLICANT INFOR	MATION:		
Name of Applicant			
Address of Applicant _	Street, Rural Route or P.O. Box	City	State Zip
Phone No(s). ()	Work) (1	(- Cell, Fax, etc.)
OPERATION INFOR	MATION:		
Name of Animal Feedin	ng Operation		
Address of Operation _			
-	Street, Rural Route or P.O. Box	City	State Zip
Phone No(s). of Operation	ion () Main Number	()	Fax, etc.)
Legal Description	,,NNNNNN	E or W	County
	,, Lo	•	
Is the operation: Ex	isting Proposed Expa	anding Existing	r
LIVESTOCK		lbs.	☐Existing ☐Proposed
(Capacity #s)	Species (Cattle, Dairy	y, Swine, etc.) Avg. Weight	☐Existing ☐Proposed
separately from	Species (Cattle, Dairy	y, Swine, etc.) Avg. Weight	_
proposed numbersN	Jumber Species (Cattle, Dairy	lbs. Avg. Weight	Existing Proposed
	sional Engineer quired)	For DEQ Office (Use Only

Name of Advisor Title/Designation			
Company			
		/State/Zip	
Phone ()	(Work) ((Other: Cell, Fax,etc.)	
AS REQUIRED BY TITL	E 130, THE FOLLOW	ING IS INCLUDED WITH THIS FORM:	
Best Management Practi Approval Documentation Description of Construct Detailed Construction Q Supporting Geotechnical	nagement Plan and Suppo ces Plan to Minimize Oc n from Department of Na- tion Methods (if required uality Assurance Plan (if Reports (if required) – Stas required):	atural Resources (if required) d) – See Title 130, Ch. 4 f required) – See Title 130, Ch. 4	
	CERTIF	TICATION	
Applicant:			
submitted in this Form B and responsible for obtaining the	d all attachments. Based e information, I certify that and belief. I am aware that	examined and am familiar with the information on my inquiry of those persons immediately hat the information is true, accurate and complete to at there are significant penalties for submitting false prisonment.	
Further, I certify that, under animal feeding operation for		Nebraska, I have the authority to sign on behalf of t g submitted.	
Printed or Typed Name of Au	uthorized Representative	_	
Signature of Authorized I	Representative	Date of Signature	
Technical Advisor:			
	na livostopk wasta santus	ol facility meets the minimum requirements as	



Date of Signature